



UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CE11057JI210
	First Inventor:	Mathews, Ajit et al.
	Title:	RESOURCE EFFICIENT CONTENT MANAGEMENT AND DELIVERY WITHOUT USING A FILE SYSTEM
	Express Mail Label No.:	EU940604698US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O.Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="15"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="3"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____ _____
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. <input type="text"/> Prior Appl. information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label				or <input type="checkbox"/> Correspondence address below			
		22917					
Name	Lalita W. Pace						
Address	Motorola, Inc. - Law Department						
	1303 E. Algonquin Rd.						
City	Schaumburg	State	IL	Zip Code	60196		
Country	U.S.A.	Telephone	847-538-5855	Fax	847-576-3750		
Name	Lalita W. Pace	Registration No.	39,427				
SIGNATURE				Date	July 8, 2003		

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FEE TRANSMITTAL Patent fees are subject to annual revision		<i>Complete if Known</i>	
		Application Number	
		Filing Date	July 8, 2003
		First Named Inventor	Ajit Mathews
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	862.00
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 50-2117 Deposit Account Name: Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	3. 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